

Risk factors related to the failure of venous leg ulcers to heal with compression treatment

The authors present a 52-week evaluation of 189 patients with venous ulcers in the absence of arterial disease who were treated with a multi-layer high compression bandaging system. The primary endpoint was complete closure of the wound. They evaluated risk factors associated with failure and conclude that impairment of the calf muscle pump is the etiology of the non-healing venous ulcer.

Maintenance therapy in patients with chronic venous insufficiency typically involves use of graduated compression stockings. However, treatment of individuals with lower extremity ulceration secondary to chronic venous insufficiency is more often through compression strapping systems. CPT code 29580 describes application of an Unna boot from distal forefoot to just below the knee. This is referred to as a "single layer wrap" and is composed of zinc-oxide ointment with a compression bandage. Fortunately, the majority of patients treated with an Unna boot experience ulcer healing in a reasonable time frame. However, newer multi-layer compression devices have gained popularity with preliminary data demonstrating efficacy of healing ulcers that is at least equal to single layer therapy. Efforts to gain a separate Category I CPT code for application of a multi-layer compression system for venous ulcers have previously met resistance. In February 1999, the CPT Editorial Panel voted against such an application and recommended that the existing CPT code 29580 be used with modifier-22 (defined as "increased procedural services").

Although providers began to use 29580 to bill for the application of both Unna boots and multi-layered compression bandage systems, regional Medicare Carriers and private insurers did not consistently adopt the 1999 CPT Editorial Panel's recommendations. Noridian Medicare that services the states of Alaska, Arizona, Colorado, Hawaii, Iowa, Montana, North Dakota, Nevada, Oregon,

South Dakota, Utah, Washington, and Wyoming published their Medicare B News bulletin dated October 2, 2007, which stated "*Only the Unna boot application has a specific CPT code, 29580 (Strapping; Unna boot). Application of the high compression bandage systems is an unskilled procedure, similar to the application of dressings, and does not have a CPT code. Like dressing applications, payment for this service is included in the payment for the E&M or other procedure performed on the same day and may not be separately billed.*" Finally, WPS Medicare which services Illinois, Michigan, Minnesota, and Wisconsin, updated its physician community in winter 2004 through a Medicare Part B Communiqué which declared "*There has been confusion as to how to correctly bill for these new types of dressings because of statements on the manufacturer's web site and an article in the CPT Assistant. These new dressings should be billed using CPT code 29799, unlisted procedure, casting or strapping, and the brand name of the dressing used placed in item 19 of the CMS-1500 or its electronic equivalent. Payment for 29799 will include the application of the dressing and the materials used.*"

The Society for Vascular Surgery, in conjunction with the American Podiatric Medical Association, has submitted an application to the American Medical Association for creation of a Category I CPT Code that describes application of multi-layer compression device. Hopefully, this will help to clarify appropriate reporting standards for venous ulcer compression systems. Until a final decision is made, please consult your local private and governmental carriers.

Sean P. Roddy, MD

The Vascular Group, PLLC
43 New Scotland Avenue
MC157

Albany, NY 12208

(e-mail: roddys@albanyvascular.com)

J Vasc Surg 2009;49:1356

0741-5214/\$36.00

Copyright © 2009 by the Society for Vascular Surgery.

doi:10.1016/j.jvs.2009.03.013

Submitted Mar 16, 2009; accepted Mar 16, 2009.